

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)							SERIAL NO. 10/018377	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/		/		51		
2		/		/		/	52		
3		/		/		/	53		
4		3		/		/	54		
5		3		/		/	55		
6		3		/		/	56		
7		3		/		/	57		
8		3		/		/	58		
9		3		/		/	59		
10		3		/		/	60		
11		3		/		/	61		
12		3		/		/	62		
13		3		/		/	63		
14		3		/		/	64		
15		3		/		/	65		
16		3		/		/	66		
17		3		/		/	67		
18		3		/		/	68		
19		3		/		/	69		
20		3		/		/	70		
21		3		/		/	71		
22		3		/		/	72		
23		3		/		/	73		
24		3		/		/	74		
25		3		/		/	75		
26		3		/		/	76		
27		3		/		/	77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.		
TOTAL DEP.	30	26	27	27	27	27	TOTAL DEP.		
TOTAL CLAIMS	31	27	28	28	28	28	TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS